

NAME CHANGE OR CORRECTION STATEMENT
Your TITLE is required with this form.
Please print

Name Change FROM - Last, First, MI	Name Change TO - Last, First, MI
Address	Area Code and Telephone Number Between 7:30 AM and 4:30 PM Weekdays
City, State, Zip Code	Vehicle is now kept in <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town COUNTY OF OF

- 1. Return this form with your Certificate of Title to:
Wisconsin Dept. of Transportation
P O Box 7949
Madison, WI 53707-7949.
- 2. A counter service fee of \$5.00 will be charged
if you take this form and your title (not a copy)
to a Customer Service Center instead of mailing them.

My name has been legally changed or needs to be corrected.

X
(Signature)